## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

A 11 41		
Application o	Docket	Number

93601

CLAIMS AS FILED - PART I						OHALL						
(Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHI R SMAL	ER THAN L ENTITY
TOTAL CLAIMS							RATE	FEE		RATE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F		0		6
TOTAL CHARGEABLE CLAIMS			27	27 minus 20=		. 7		X\$ 9=		01	1,44.5	\$17/
INDEPENDENT CLAIMS			0	minus 3 =	•			X40=		7	1	1/20
MULTIPLE DEPENDENT CLAIM PRESENT						1	740=			X80=		
* If the difference in column 1 is less than zero, enter "0" in column 2						+135=		OF	+270=	4		
						•	TOTAL	· <u>                                     </u>	OF	R TOTAL	4981	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR		R THAN ENTITY	
7		CLAIMS		HIGH	EST	(Column 3)	ı		ADDI-	<b>7</b>	SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL	-	RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	TNTATION OF A	Minus	***		=		X40=		OR	X80=	
	· · · · · · · · · · · · · · · · · · ·	ENTATION OF MI		<del>,</del>				+135=	No.	1	+270=	
	BES.	ST AVAIL	ARFF (	COPY			L	TOTAL	on the separate state		TOTAL	<u> </u>
		<b>10.1</b> (1)					Al	DDIT. FEE		JOR	ADDIT. FEE	
	area de la company	(Column 1) CLAIMS		(Colum		(Column 3)	_		<del>,</del>	7		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***	j	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	CLAIM		  -		<del> </del> -	100 A		<del></del>
	,						L	+135=		OR	+270=	
-17	e de la companya de La companya de la companya de l	one to					AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
	V 10 TO 10 V V ADDITION	(Column 1)		(Column		(Column 3)		:		, /	· . · · · · · · · · · · · · · · · · · ·	
JEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	e e	RATE	ADDI- TIONAL FEE
MENDIMEN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
7 h	Independent		Minus 🗀 🗀	***		=		X40=	राज्य सम्बद्धाः सम्बद्धाः स्थापः ॥ १९६७ मृह्युस्तरः स्था		X80=	
		NTATION OF MU		ENDENT C	LAIM		-	- 104/j		OR W		
; if	the entry in colum	nn 1 is less than the	entry in colur	nn 2 writa 40	" in colu	mn 3	L	135=	4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	OR	*+270=	Allerger of the second
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the filliphest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." If the filliphest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."							TOTAL IT. FEE	y. WALL	100 4 1 10	TOTAL DDIT. FEE	and a series
Î	ne "Highest Numb	per Previously Paid	For (Total or	Independent	is the h	ighest number f	ound	in the app		in colu	mn 1.	